Approved for use through 1/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 09/759,153 | | | ing Date 16/2001 | To be Mailed | |
|--|--|---|---|---|------------------|----|--|------------------------|----|-------------------------------|----------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| Н | FOR | N | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| ⊠ | BASIC FEE (37 CFR 1 16(a), (b), | or (c)) | N/A | | N/A | | N/A | | 1 | N/A | 710 | |
| | SEARCH FEE (37 CFR 1 16(k), (f), | or (m)) | N/A | | N/A | | N/A | | 1 | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | | N/A | | N/A | | N/A | | | N/A | | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | | | X \$ = | | OR | X \$ = | | |
| IND | EPENDENT CLAIM CFR 1.16(h)) | IS | minus 3 = * | | | 1 | X \$ = | | 1 | X \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE shee is \$2 addit | If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16 | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j)) | | | | | | | | | J | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | |] | TOTAL | 710 | |
| | APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | |
| AMENDMENT | 07/25/2011 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16()) | - 56 | Minus | ·· 58 | = 0 | 1 | X \$ = | | OR | X \$52= | 0 | |
| | Independent (37 CFR 1.16(h)) | - 20 | Minus | 20 | - 0 |] | X \$ = | | OR | X \$220= | 0 | |
| | Application Size Fee (37 CFR 1:16(s)) | | | | | | | | | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| Щ | | (Column 1) | | (Column 2) | (Column 3) | _ | | | | | | |
| L | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| ä | Total (37 CFR 1 16()) | * | Minus | ** | - | 11 | x \$ = | | OR | x s = | | |
| AMENDMENT | Independent (37 CFR 1.16(h)) | | Minus | *** | - | | X \$ = | | OR | x s = | | |
| E N | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | |] | | | |
| Ā | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j)) | | | | | | | | OR | | ه ۵ | |
| | | | | | | | | | OR | TOTAL ADD'L FEE | | |
| * If the entry in column 1 is less than the entry in column 2, write *0' in column 3. ** If the entry in column 1 is less than the entry in column 2, write *0' in column 3. ** If the entry in column 1 is less than the entry in column 2, write *0' in column 3. ** If the entry in column 1 is less than the entry in column 2, write *0' in column 3. ** If the entry | | | | | | | | | | er: | | |
| "If the "Highest Number Provicusly Pack For" in 11185 wide the visual status." (SLORIA TRAMMELL/ "If the "Highest Number Provicusly Pack For" in 1118 SPACE is less than 3, enter "3". The "Highest Number Provicusly Pack For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Clinferhality is governed by 38 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minuses to complete, including planning preparing, and submitted to public application from the USPTO. Them will vary depending upon the individual case. Any comments on the around of time you require to complete its bits made application from the USPTO. Them will vary depending upon the individual case. Any comments on the around of time you require to complete this both and and is suggestions for reducing this submitted by the Complete to the Child Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, V.S.231-1450. Dox NOT-SEXD FEES OR LOWFLEET DEPARTS TO HIS